

Case Number:	CM15-0206270		
Date Assigned:	10/23/2015	Date of Injury:	09/26/1993
Decision Date:	12/04/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 72 year old female, who sustained an industrial injury on 09-26-1993. The injured worker was diagnosed as having low back pain, failed back syndrome, chronic pain syndrome, deconditioned lower back muscles and hip stabilizing muscles. On medical records dated 03-04-2015, 07-29-2015 and 09-29-2015, the subjective complaints were noted as right lower back pain. Pain level was noted as 7-8 out of 10. Objective findings were noted as tenderness to palpation of right flank and right paraspinal muscles and a nontender trochanteric bursa. Treatments to date included medication and home exercise program. The injured worker was noted to be permanent and stationary. Current medications were listed as Norco (since at least 03-2015), Baclofen (since at least 03-2015) and Lyrica. The Utilization Review (UR) was dated 10-06-2015. A Request for Authorization was submitted 09-28-2015. The UR submitted for this medical review indicated that the request for Baclofen 10mg #60 2 refills was modified and Norco 10-325mg #90 1 refill was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #90, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 90 with one refill is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are low back pain; failed back syndrome; and chronic pain syndrome. Date of injury is September 26, 1993. Request for authorization is September 30, 2015. According to the progress note dated March 5, 2015 (earliest progress note in the record), the treating provider prescribed hydrocodone/APAP and baclofen. According to a September 29, 2015 progress note, the injured worker's pain score is 8/10. There are no subjective complaints referencing the low back. A clinical entry discusses a urinary tract infection, antibiotics and a rash. Objectively, there is a maculopapular rash. There is no physical examination of the lumbar spine. There is no neurologic evaluation. There is no documentation demonstrating objective functional improvement with Norco. There are no detailed pain assessments or risk assessments. There is no documentation indicating an attempt to wean Norco. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no subjective complaints or objective clinical findings of the lumbar spine, no documentation demonstrating objective functional improvement and no attempt at weaning, Norco 10/325mg # 90 with one refill is not medically necessary.

Baclofen 10mg #60, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, baclofen 10 mg #60, two refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this

case, the injured worker's working diagnoses are low back pain; failed back syndrome; and chronic pain syndrome. Date of injury is September 26, 1993. Request for authorization is September 30, 2015. According to the progress note dated March 5, 2015 (earliest progress note in the record), the treating provider prescribed hydrocodone/APAP and baclofen. According to a September 29, 2015 progress note, the injured worker's pain score is 8/10. There are no subjective complaints referencing the low back. A clinical entry discusses a urinary tract infection, antibiotics and a rash. Objectively, there is a maculopapular rash. There is no physical examination of the lumbar spine. There is no neurologic evaluation. There is no documentation demonstrating objective functional improvement with Baclofen. Baclofen is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Baclofen was prescribed in excess of six months. The guidelines recommend less than two weeks. There are no compelling clinical facts indicating ongoing baclofen is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, treatment continued in excess of six months with guideline recommendations for less than two weeks, no documentation of acute low back pain or an acute exacerbation of chronic low back pain, no documentation demonstrating objective functional improvement and no subjective complaints or objective clinical findings referencing the lumbar spine, baclofen 10 mg #60, two refills is not medically necessary.